

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SMZ	71002	5/27/99
O.I.P.E. CLASSIFIER		10	6/2
FORMALITY REVIEW	YC	70017	6-10-99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)... Canceled      A ..... Appeal  
 Restricted      O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
1		101		101	
2		102		102	
3		103		103	
4		104		104	
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49		149		149	
50		150		150	

If more than 150 claims or 9 actions staple additional sheet here

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